

School District of Mishicot

660 Washington St. Mishicot, WI 54228

Phone: (920) 755-3284 Fax: (920) 755-2390

I hereby authorize the School District of Mishicot to forward official student academic/administrative records for:

Name: _____ Date of Birth: _____

Graduation Year: _____ Maiden Name (if applicable): _____

To the following individual/school/agency:

Name: _____

Address: _____

Phone number (if applicable): _____

Fax number (if applicable): _____

Please (check one) : mail fax hand to individual

Information to be released: transcript

College Admission Test Results (indicate which test and year taken)

Records should be released (check one): immediately or indicate date to be released _____

Official records include identifying information, grade level completed, grades, class rank, attendance records and college admission test results.

Signature of Student

Date Signed

Signature of parent or guardian (if student under age of 18)

Date Signed